

VOLUNTARY SURRENDER OF CSA REGISTRATION

RE: CASE NO. 2019-0129
STEVEN BEEVERS, DPM
CSA REGISTRATION NO. 1710073

I have read and agree to all of the following:

1. I have been issued an Iowa CSA registration by the Iowa Board of Pharmacy ("Board").

2. It is my desire to surrender my CSA registration effective immediately.

3. The surrender of my CSA registration is voluntary and not the result of force, threats, or promises.

4. I am of sound mind and have the mental capacity to understand the consequences of surrendering my CSA registration.

5. I have been informed of the Board's pending complaint against me alleging disciplinary action imposed by the Iowa Board of Podiatry for issues related to controlled substances.

6. I am aware of the Board's legal authority to discipline my CSA registration, up to and including revocation of my CSA registration, at the conclusion of the Board's investigation of the pending complaint and after the issuance of disciplinary charges.

7. I understand that I have an opportunity to be heard and to contest the allegations against me in a contested case hearing before the Board, but waive the right to a hearing and all attendant rights, including the right to present evidence, cross-examine witnesses, and seek judicial review, by surrendering my CSA registration.

8. I understand that I have the right to be represented by counsel in this matter.

9. I understand the surrender of my CSA registration is considered a revocation of my CSA registration pursuant to 657 IAC 36.8. I understand the surrender of my CSA registration is disciplinary in nature and is considered adverse action.

10. I understand the Board is required by federal law to report this surrender to the National Association of Boards of Pharmacy's Disciplinary Clearinghouse and the National Practitioner Data Bank.

11. After I sign this document, I do not have the ability to administer, dispense, or prescribe controlled substances in Iowa in any capacity unless and until my CSA registration is reinstated.


12. I understand that any future request for reinstatement will be governed by the Board's rules regarding reinstatement described in 657 IAC 35.36.

13. I understand this document is a public record and is available for inspection and copying in accordance with the requirements of Iowa Code chapter 22.

6/10/2020
Date


Registrant's signature

This voluntary surrender is accepted by the Iowa Board of Pharmacy as a resolution to the referenced complaint on June 23, 2020.


Chairperson
Iowa Board of Pharmacy